Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
KPH HEALTHCARE SERVICES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/26/1944

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
KPH HEALTHCARE SERVICES, INC.

29 EAST MAIN STREET
GOUVERNEUR, NY 13642-1401

2b Employer Identification Number (EIN) 15-0358720

2c Plan Sponsor's telephone number 315-287-1500

2d Business code (see instructions) 446110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/19/2026	BEN GREENE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	384
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	104
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	87
b	Retired or separated participants receiving benefits	**6b**	181
c	Other retired or separated participants entitled to future benefits	**6c**	87
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	355
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f	Total. Add lines **6d** and **6e**.	**6f**	379
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
KPH HEALTHCARE SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
KPH HEALTHCARE SERVICES, INC.

D Employer Identification Number (EIN)
15-0358720

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	23513309
b Actuarial value	**2b**	23513309

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	197	10539326	10539326
b For terminated vested participants	83	3366026	3366026
c For active participants	104	1852531	1853750
d Total	384	15757883	15759102

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	7000
c Target normal cost	**6c**	7000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 08/18/2026

KEVIN J. WADE, E.A., M.A.A.A. — Type or print name of actuary

26-05910 — Most recent enrollment number

BPAS ACTUARIAL AND PENSION SERVICES — Firm name

315-703-8925 — Telephone number (including area code)

706 N. CLINTON ST, SUITE 200
SYRACUSE, NY 13204-1327

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.98 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	149.20 %
15	Adjusted funding target attainment percentage	15	149.20 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	135.50 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	7000
b Excess assets, if applicable, but not greater than line 31a	**31b**	7000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
KPH HEALTHCARE SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KPH HEALTHCARE SERVICES, INC.

D Employer Identification Number (EIN)
15-0358720

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RBC DAIN RAUSCHER

41-1228350

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	100757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

COMMUNITY BANK, NA

16-1213679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	NONE	6675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
KPH HEALTHCARE SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KPH HEALTHCARE SERVICES, INC.

D Employer Identification Number (EIN)
15-0358720

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7270	9500199
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	54202	227
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1276825	13615827
(2) U.S. Government securities	1c(2)	11697	10150
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	249821	0
(B) All other	1c(3)(B)	4129029	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6975431	0
(5) Partnership/joint venture interests	1c(5)	31360	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10777674	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	23513309	23126403
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	23513309	23126403

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1517	
(B) U.S. Government securities	2b(1)(B)	398589	
(C) Corporate debt instruments	2b(1)(C)	4872	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		404978
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	141248	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		141248
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	31821415	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31393872	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		427543
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-97953	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-97953

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		40432
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		916248
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1195722	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1195722
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	100757	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6675	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		107432
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1303154
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-386906
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DANNIBLE & MCKEE, LLP **(2)** EIN: 33-0996661

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585297.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
KPH HEALTHCARE SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KPH HEALTHCARE SERVICES, INC.

D Employer Identification Number (EIN)
15-0358720

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1213679

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 4

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 **a** Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

kph HEALTHCARE SERVICES, INC.

Pension Plan

Financial Statements
and
Supplemental Schedules

December 31, 2025 (in liquidation)
and 2024 (ongoing)

DANNIBLE & MCKEE, LLP
Certified Public Accountants and Consultants

DM Financial Plaza | 221 S. Warren St. | Syracuse, NY 13202
315.472.9127 | www.DMCPAS.com

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Independent Auditor's Report

September 29, 2026

To the Trustees of the
KPH Healthcare Services, Inc. Pension Plan

Opinion

We have audited the financial statements of the KPH Healthcare Services, Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 (in liquidation) and 2024 (ongoing), and the related statements of changes in net assets available for benefits for the year December 31, 2025 (in liquidation), and for the year ended December 31, 2024 (ongoing), and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 (in liquidation) and 2024 (ongoing), and the changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation), and for the year ended December 31, 2024 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the **Auditor's Responsibilities for the Audits of the Financial Statements** section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Terminating Plan and Liquidation Basis of Accounting

As further discussed in Note 3 to the financial statements, the Board of Directors of KPH Healthcare Services, Inc., the Plan's Sponsor, voted on March 6, 2025, to terminate the Plan effective July 1, 2025 (date of termination), and management determined that liquidation is imminent. As a result, the Plan changed its basis of accounting from the

going-concern basis of accounting used in presenting the December 31, 2024, financial statements to the liquidation basis of accounting used in presenting the December 31, 2025, financial statements and supplemental schedules. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (I) Schedule H, Line 4i - Schedule of Assets (Held at End of Year); (II) Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within the Plan Year); and (III) Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Dannible & McKee, LLP

Dannible & McKee, LLP
Syracuse, New York

KPH Healthcare Services, Inc. Pension Plan

Statements of Net Assets Available for Benefits

Assets	December 31, 2025 (In Liquidation)	December 31, 2024 (Ongoing)
Investments at fair value (Notes 2, 4 and 6)	$ 13,625,977	$ 23,451,837
Accrued interest and other receivables	227	54,202
Cash - Non-interest bearing	9,500,199	7,270
Net assets available for benefits	$ 23,126,403	$ 23,513,309

See accompanying notes and independent auditor's report.

KPH Healthcare Services, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31,	
	2025	2024
	(In Liquidation)	(Ongoing)
Additions in net assets attributed to:		
Net appreciation in fair value of investments (Notes 2 and 6)	$ 370,022	$ 2,004,423
Interest and dividend income (Note 2)	546,226	702,241
Total additions	916,248	2,706,664
Deductions from net assets attributed to:		
Benefits paid to participants (Notes 1, 2 and 5)	1,195,722	1,119,858
Administrative expenses (Notes 2 and 4)	107,432	136,479
Total deductions	1,303,154	1,256,337
Net increase (decrease)	(386,906)	1,450,327
Net assets available for benefits:		
Beginning of year	23,513,309	22,062,982
End of year	$ 23,126,403	$ 23,513,309

See accompanying notes and independent auditor's report.

KPH Healthcare Services, Inc. Pension Plan

Notes to Financial Statements

Note 1 - Description of the Plan

KPH Healthcare Services, Inc. (the "Company") Pension Plan (the "Plan") is a defined benefit pension plan under Section 401(a) of the Internal Revenue Code. This Plan, effective January 1, 2016, constitutes an amendment and restatement in its entirety of a previously established qualified plan of the Company, which was effective January 1, 1981, as amended from time to time. The Plan provides benefits for retirement, death and disability based on a formula that considers years of service and compensation, as well as other retirement benefits such as Social Security. Information about the Plan is contained in the pamphlet "KPH Healthcare Services, Inc. Pension Plan Summary Plan Description." Copies of this pamphlet are available from the trustees of the Plan. The following description provides only general information.

Plan termination - Effective July 1, 2025, (date of termination), management elected to terminate the Plan (see Note 3).

Plan amendments - In June 2025, the Plan amended several provisions in order to comply with current IRS rules and regulations.

Pension benefits - Employees with five or more years of service were entitled to annual pension benefits normally in the form of a joint and survivor annuity beginning at normal retirement age of sixty-five. The Plan permitted early retirement at ages fifty-five to sixty-five. In certain circumstances, employees could elect to receive a lump-sum payment in lieu of their accrued benefits. Pension benefits were based on factors of years of credited service and average compensation. Effective January 1, 2000, the Plan was amended to freeze participation, and employees hired after that date were excluded from plan participation.

Death and disability benefits - Upon the death of an active participant, the surviving spouse was eligible to receive a Pre-Retirement Survivor Annuity, which was equal to 50% of the benefit payable had the participant retired on the day before their death. Disability benefits commenced on the normal retirement date were based on average compensation as of the date of disability and years of service as though the participant had reached normal retirement date. However, effective January 1, 2000, the Plan was frozen to eligibility to participate and benefit accruals, as disclosed above.

Eligibility - The Plan covered all employees of the Company who had completed one year of service of at least 1,000 hours and attained age twenty-one. Eligible employees began participating in the Plan as of January 1st or July 1st after meeting the eligibility requirements. Employees hired on or after January 1, 2000, were excluded from plan participation.

Vesting - Participants were not vested until after completion of five years of service, at which time they became fully vested. Effective July 1, 2025 (date of termination), all participants became 100% vested.

Funding policy and contributions - The Plan's funding policy was for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions were made in amounts sufficient to fund the Plan's current service cost on a current basis. There were no initial past service costs applicable to the Plan. The Company made no contributions for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing). The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing).

Note 2 - Summary of significant accounting policies

Method of accounting - Effective July 1, 2025 (date of termination), management adopted a resolution to terminate the Plan (see Note 3). As a result, the Plan's financial statements as of December 31, 2025 (in liquidation) and for the year then ended, have been prepared on the liquidation basis, in accordance with U.S. GAAP. This basis of accounting is considered appropriate when, among other things, liquidation of the Plan is probable, and the net realizable value of assets are reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realizable value and liabilities, if any, are stated at their anticipated settlement amounts. Furthermore, on the liquidation basis, management evaluated reasonable estimates for accruing future investment income and netting estimates for future obligations for administrative expenses, which they felt were insignificant to the Plan's financial statements. The Plan maintained its accounting records and financial statements on the accrual method of accounting in accordance with U.S. GAAP as of December 31, 2024 (ongoing basis) and for the year then ended.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the recorded amount of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Risks and uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and overall market risk. Market risks include both domestic and global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits in liquidation and the statements of changes in net assets available for benefits in liquidation.

Plan contributions were made, and the actuarial present value of accumulated plan benefits were reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimating process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term, would be material to the financial statements (see Note 5).

Investment valuation and income recognition - The Plan's investments consist of money market funds, U.S. government and municipal securities, which are reported at fair value (see Note 5). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by its investment advisors. All plan investments are non-participant directed. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of benefits - Benefit payments to participants are recorded upon distribution.

Administrative expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company, such as legal, accounting, actuarial services and required payments to the Pension Benefit Guaranty Corporation, are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits (see Note 4).

Subsequent events - In April 2026, the Plan Sponsor entered into a pension risk transfer commitment agreement with CMFG Life Insurance Company ("CMFG") on behalf of the Plan for the purchase and sale of an irrevocable single premium, non-participating group annuity contract to satisfy certain plan benefit obligations, which commence on July 1, 2026, (see Notes 3, 5 and 7). Management has evaluated subsequent events through September 29, 2026, the date that the financial statements were available for issue.

Note 3 - Plan termination

Effective July 1, 2025 (date of termination), benefits were accrued through that date, and all participants were considered fully vested. Employees were given the option to receive their accumulated benefit in a lump-sum payment or continue to receive monthly annuity payments. In April 2026, the Plan Sponsor entered into a pension risk transfer commitment agreement with CMFG on behalf of the Plan for the purchase and sale of an irrevocable single premium, non-participating group annuity contract to satisfy certain plan benefit obligations for approximately $11,684,000, which was remitted to CMFG in May 2026. For the remaining participants in the Plan, they will receive a lump-sum payment from the Plan (see Note 5). Management expects that any excess available net assets will be transferred to KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan. Management expects to receive IRS approval and make final distributions from the Plan during 2027 (see Notes 5 and 7).

Note 4 - Related party transactions

The Plan's investments are managed by RBC Wealth Management. Fees paid for these services qualify as party-in-interest transactions and are included in the net appreciation in investments in the accompanying statements of changes in net assets available for benefits.

The Plan pays for certain expenses related to plan operations and investment advisory to various service providers, which are party-in-interest transactions under ERISA and are included in administrative expenses on the accompanying statements of changes in net assets available for benefits as follows: the Plan contracts with RBC Dain Rauscher to provide investment advisory services. Fees paid for these services amounted to $100,757 and $129,879 for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), respectively. In addition, the Plan contracts with Community Bank, NA to provide custodial/trustee services. These services qualify as party-in-interest transactions. Fees paid for these services amounted to $6,675 and $6,600 for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing), respectively. The Plan contracts with Dannible & McKee, LLP to provide auditing services, which qualifies as party-in-interest transactions. Fees for these services were paid for by the Company for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing).

Note 5 - Accumulated plan benefits

Accumulated plan benefits are those periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. These benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of deceased employees; and (c) active employees or their beneficiaries. Benefits under the Plan were accumulated based on hours of service from inception of the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment - were included, to the extent they were deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was calculated by the Plan's independent actuary and was that amount that resulted from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by decreases for death, disability, termination or retirement) between the valuation date and the expected date of payment. The following actuarial assumptions as of January 1, 2025 (on going) were based on the presumption that the Plan was to continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits, see below and Note 3. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 (ongoing). Had the valuations been performed as of December 31, there would be no material differences.

The significant actuarial assumptions used in the valuation as of January 1, 2025 (ongoing), were as follows:

Significant actuarial assumptions:

Actuarial cost method	Traditional Unit Credit Cost Method, per year
Anticipated rate of return on plan assets	6.50% per year
Mortality basis	The sex-distinct Amount-Weighted White Collar Pri-2012 Mortality Tables for employees and healthy annuitants, and contingent survivors projected mortality improvements using Scale MP-2021 on a generational basis.
Normal retirement	The latter of the date a participant attains age sixty-five and five years of employment per year.
Salary increase scale	Salaries are not applicable as all benefits are frozen.

The actuarial present value of accumulated benefits was as follows as of January 1, 2025 (on going):

Participants currently receiving benefits	$ 10,025,872
Other vested benefits	4,722,731
	$ 14,748,603

The net increase in the actuarial present value of accumulated benefits is as follows for the year ended January 1, 2025 (on going):

Actuarial present value of accumulated benefits, beginning of year	$ 14,932,053
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	934,188
Benefits accumulated and actuarial gains	2,220
Benefits paid	(1,119,858)
Actuarial present value of accumulated benefits, end of year	$ 14,748,603

As discussed in Note 3, management terminated the Plan effective July 1, 2025 (date of termination). Since the plan terminated in 2025, the Plan adopted the liquidation basis of accounting (see Note 2). Therefore, in conjunction with the adoption of the liquidation basis of accounting, the Plan changed from using a beginning of year to end of year benefit information date. The change in accounting principle was made in accordance with the liquidation basis of accounting. As a result of the change, accumulated plan benefit information is also reported as of December 31, 2025, and for the period January 1, 2025 to June 30, 2025 (on going) and July 1, 2025 (date of termination) to December 31, 2025 (in liquidation basis), as follows:

	Period From July 1, to December 31, 2025	Period From January 1, to June 30, 2025
	(In Liquidation)	(Ongoing)
Participants currently receiving benefits	$ 10,364,146	$ 9,769,126
Other vested benefits	4,356,075	4,843,527
	$ 14,720,221	$ 14,612,653
Actuarial present value of accumulated benefits, end of period	$ 14,612,653	$ 14,748,603
Increase (decrease) during the year attributable to:		
Interest due to the decrease in the discount period	465,202	469,608
Benefits accumulated and actuarial gains	239,847	(7,317)
Benefits paid	(597,481)	(598,241)
Actuarial present value of accumulated benefits, end of period	$ 14,720,221	$ 14,612,653

In 2026, the following transactions were effected to settle the Plan's accumulated benefits obligation:

- Monthly benefit payments to annuitants of approximately $576,000 for the period January 1, 2026 through June 1, 2026.
- Lump sum and rollover distributions were made to eligible participants of approximately $3,837,000 for the period January 1, 2026 through July 31, 2026.
- In May 2026, purchase of an irrevocable single premium, non-participating group annuity contract from CFMG for approximately $11,684,000, to provide future monthly benefit payments to annuitants and future annuitants beginning on July 1, 2026 (see Note 3).

- Management believes that there will be excess funds available and intends to remit these excess funds to the KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan. However, this is pending IRS approval of the Plan's termination, which anticipated to be received in 2027 (see Note 7).

Note 6 - Fair value measurement

The Financial Accounting Standards Board has established authoritative guidance regarding accounting for fair value measurements. This framework defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. This guidance requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs and establishes a fair value hierarchy, which prioritizes the valuation inputs into three levels. The three levels of the fair value hierarchy under the authoritative guidance are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodology used for the Plan's assets measured at fair value.

Mutual Funds and Common Stocks - Valued at the closing price of the shares held by the Plan at year end, reported on the active market (Level 1).

Government Bonds, Corporate Bonds and Other - Valued at fair value from observable data that may include market spreads, cash flows, bond terms and conditions or independent pricing service (Level 2).

Money Market Funds - Managed portfolios including commercial paper and other fixed-income securities issued by U.S. and foreign corporations, asset-backed commercial paper, U.S. government securities, obligations of foreign governments and the U.S. and foreign banks, valued at the closing price reported on the active market on which the individual security is traded (Level 2).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used as of December 31, 2025 (in liquidation) and 2024 (ongoing).

The following table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value:

	December 31, 2025 (in liquidation)			
	Level 1	Level 2	Level 3	Total
Money market funds	$ -	$ 13,616,026	$ -	$ 13,616,026
Government bonds	-	10,150	-	10,150
	$ -	$ 13,626,176	$ -	$ 13,626,176

	December 31, 2024 (ongoing)			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,773,034	$ -	$ -	$ 10,773,034
Common stock	6,980,069	-	-	6,980,069
Corporate bonds	-	4,390,548	-	4,390,548
Money market funds	-	721,497	-	721,497
Government bonds	-	555,329	-	555,329
Other	-	31,360	-	31,360
	$ 17,753,103	$ 5,698,734	$ -	$ 23,451,837

Note 7 - Income tax status of plan

The IRS has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Accordingly, the Plan has been accounted for as a tax-exempt plan.

The Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and interest for the years ended December 31, 2025 (in liquidation) or 2024 (ongoing). The Plan is no longer subject to regulatory examinations by tax authorities for the closed years before 2022.

In December 2025, in connection with the Plan's termination, management filed the necessary forms with the Internal Revenue Service (IRS) to request a determination letter for approving the Plan's termination, which management anticipates receiving in 2027. In addition, in December 2025, in connection with the Plan's termination, management filed the necessary forms with the Pension Benefit Guaranty Corporation (PBGC) notifying them of the Plan's termination.

Note 8 - Classification differences between the financial statements and Form 5500

Form 5500 has certain investments balances and income items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect on the net assets available for benefits nor changes in net assets available for benefits as of and for the years ended December 31, 2025 (in liquidation) and 2024 (ongoing).

Supplemental Schedules

KPH Healthcare Services, Inc. Pension Plan

EIN #15-0358720

Plan #001

Schedule of Assets (Held at End of Year)
(Required Disclosure of Schedule H, Line 4i on Form 5500)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Community Bank NA Acct #40004952305				
*	Money Market Obligations Trust	101,555.000 Shares Money Market Funds	$ 101,555	$ 101,555
RBC 302-62574				
	Federated Hermes Treasury OBL CL AS	13,514,470.880 Shares Money Market Funds	13,514,471	13,514,471
	FEDL Home Loan MTG Corp	49,000.000 Bond 7.000% 3/1/2031	27	28
	FEDL Home Loan MTG Corp	15,000.000 Bond 7.000% 8/1/2031	6	6
	FEDL Home Loan MTG Corp	35,000.000 Bond 7.000% 9/1/2031	17	17
	FEDL Home Loan MTG Corp	5,000.000 Bond 7.000% 9/1/2031	2	3
	FEDL Home Loan MTG Corp	11,000.000 Bond 7.000% 1/1/2032	13	13
	FEDL Home Loan MTG Corp	7,000.000 Bond 7.000% 5/1/2032	39	40
	FNMA GTD Pass Thru Pool	7,000.000 Bond 6.500% 5/1/2032	6	6
	FNMA GTD Pass Thru Pool	18,000.000 Bond 6.500% 6/1/2032	18	18
	Government NATL MTG ASSN	150,000.000 Bond 6.500% 6/1/2032	11,141	10,019
			$ 13,627,295	$ 13,626,176

KPH Healthcare Services, Inc. Pension Plan

EIN #15-0358720

Plan #001

Schedule of Assets (Acquired and Disposed of Within the Plan Year)
(Required Disclosure of Schedule H, Line 4i on Form 5500)

Year Ended December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost of acquisition**	**Proceeds of disposition**

- NONE -

KPH Healthcare Services, Inc. Pension Plan

EIN #15-0358720

Plan #001

Schedule of Reportable Transactions
(Required Disclosure of Schedule J, Line 4j on Form 5500)

Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Expenses incurred with transaction	(f) Cost of asset	(g) Current value of asset on transaction	(h) Net gain (loss)
Category (i) - Single transactions in excess of 5% of plan assets:							
	- None -						
Category (ii) - Series of transactions in other than securities with the same person in excess of 5% of the plan assets:							
Money Market Obligations Trust Federated Prime	Money Market 63,085,739 Shares	$ 63,085,739	$ -	$ -	$ 63,085,739	$ 63,085,739	$ -
Money Market Obligations Trust Federated Prime	Money Market 40,696,881 Shares	$ -	$ 40,696,881	$ -	$ 40,696,881	$ 40,696,881	$ -
Category (iii) - Series of investment transactions in excess of 5% of the plan assets:							
	- None -						
Category (iv) - Security transactions with or in conjunction with the same person with whom any prior single 5% security transaction took place:							
	- None -						

KPH Healthcare Services, Inc. Pension Plan
Schedule SB, Line 26a - Schedule of Active Participant Data
EIN/PN: 15-0358720/001

Attained Age	Years of Credited Service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Summary
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	2	3	0	0	0	0	0	0	0	0	5
45 to 49	8	10	5	0	0	0	0	0	0	0	23
50 to 54	4	14	12	9	0	0	0	0	0	0	39
55 to 59	0	4	4	11	2	0	0	0	0	0	21
60 to 64	1	4	2	5	0	2	0	0	0	0	14
65 to 69	0	1	0	0	0	1	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	15	36	23	25	2	3	0	0	0	0	104

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by KPH Healthcare Services, Inc. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: Market Value of Assets

Anticipated Rate of Return on Plan Assets: 6.50%, based on a review of the Plan's asset allocation and expert opinions from the Plan's asset advisors.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The January 2025 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by KPH Healthcare Services, Inc. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	5.00%
Segment 2	5.27%
Segment 3	5.50%

Effective Interest Rate
5.31%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates used to determine Maximum Recommended Contribution: Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement ("LDROM") of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	5.00%
Segment 2	5.27%
Segment 3	5.40%

Effective Interest Rate
5.29%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Salaries are not applicable as all benefits are frozen.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees and healthy annuitants with mortality improvements projected using IRS 2024 Adjusted Scale MP-2021 on a generational basis.

Retirement Incidence: 100% of participants are assumed to retire at age 65. Rates of retirement were based on the Plan's normal retirement age.

Turnover: Rates of turnover are based on a select table for the first five (5) years of employment and table T-8 from the Crocker, Sarason, and Straight Series thereafter. Illustrative rates are shown below:

Select Period	
Service	Percentage
0	60.00%
1	50.00%
2	40.00%
3	30.00%
4	20.00%
5	10.00%

Ultimate Period	
Age	Percentage
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.54%
50	4.83%
55	1.73%
60	0.16%

Rates of turnover were based on the Company's expectation and due to the Plan's frozen status, is not expected to have a material impact on liabilities.

Disability: Rates of decrement due to disability are assumed to be 0%.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 70% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

Form of Benefit: The assumed form of benefit was based on the Plan provisions and KPH Healthcare Services, Inc.'s expectations.

Death:	Qualified pre-retirement survivor annuity.
Termination:	Life annuity deferred to Normal Retirement Date.
Retirement:	Immediate life annuity.

All assumptions used in determining the low-default risk obligation measurement were consistent with those used in determining the Funding Target Liability, except the interest rates which were disclosed above.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 6.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted White Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

Schedule III

KPH Healthcare Services, Inc. Pension Plan

EIN #15-0358720

Plan #001

Schedule of Reportable Transactions
(Required Disclosure of Schedule J, Line 4j on Form 5500)

Year Ended December 31, 2025

(a) Identify of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Expenses incurred with transaction	(f) Cost of asset	(g) Current value of asset on transaction	(h) Net gain (loss)
Category (i) - Single transactions in excess of 5% of plan assets:							
	- None -						
Category (ii) - Series of transactions in other than securities with the same person in excess of 5% of the plan assets:							
Money Market Obligations Trust Federated Prime	Money Market 63,085,739 Shares	$ 63,085,739	$ -	$ -	$ 63,085,739	$ 63,085,739	$ -
Money Market Obligations Trust Federated Prime	Money Market 40,696,881 Shares	$ -	$ 40,696,881	$ -	$ 40,696,881	$ 40,696,881	$ -
Category (iii) - Series of investment transactions in excess of 5% of the plan assets:							
	- None -						
Category (iv) - Security transactions with or in conjunction with the same person with whom any prior single 5% security transaction took place:							
	- None -						

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
KPH HEALTHCARE SERVICES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
KPH HEALTHCARE SERVICES, INC.

D Employer Identification Number (EIN)
15-0358720

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	23,513,309
b Actuarial value	**2b**	23,513,309

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	197	10,539,326	10,539,326
b For terminated vested participants	83	3,366,026	3,366,026
c For active participants	104	1,852,531	1,853,750
d Total	384	15,757,883	15,759,102

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	7,000
c Target normal cost	**6c**	7,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Kevin J. Wade, E.A., M.A.A.A.
Signature of actuary

8/18/2026
Date

Kevin J. Wade, E.A., M.A.A.A.
Type or print name of actuary

2605910
Most recent enrollment number

BPAS ACTUARIAL AND PENSION SERVICES
Firm name

315-703-8925
Telephone number (including area code)

706 N. CLINTON ST, SUITE 200

SYRACUSE NY 13204-1327
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 11.98%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	149.20%
15	Adjusted funding target attainment percentage	15	149.20%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	135.50%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	7,000
b Excess assets, if applicable, but not greater than line 31a	31b	7,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

KPH Healthcare Services, Inc. Pension Plan
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 15-0358720/001

All participants were assumed to retire at age 65.

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: **KPH Healthcare Services, Inc.**
EIN/PN: **15-0358720/001**

ELIGIBILITY

Employees become eligible to participate in the Plan following attainment of age 21 and completion of one year of service. Entry dates are January 1st and July 1st. Employees hired on or after January 1, 2000 will be excluded from participating in the Plan.

EMPLOYEE CONTRIBUTIONS

Participants are not required to contribute.

RETIREMENT

i. *Normal Retirement.* Participant's Normal Retirement Date is the first day of the month coinciding with or next following the date a Participant attains the later of age 65 or completes 5 years of plan participation. For employees hired prior to January 1, 1996, the requirements are age 65 and five years of employment.

ii. *Early Retirement.* Participant's Early Retirement Date is the first day of any month coinciding with or next following the date the Participant attains age 55 and completes 15 years of service, or attains age 60 and completed 10 years of service.

iii. *Late Retirement.* After Normal Retirement Date.

iv. *Disability Retirement.* Disability benefits are provided to an Active Participant who has completed ten years of service, becomes permanently incapacitated, and is receiving disability benefits under the Social Security Act prior to attainment of Normal Retirement Age.

BENEFIT AT RETIREMENT

i. *Normal Retirement Benefit.* A monthly pension benefit equal to (a) + (b) + (c):

a. The benefit accrued as of December 31, 1993

b. For each year of credited service after December 31, 1993, and prior to January 1, 2000, the following factor multiplied by average compensation. Average Compensation means the average compensation earned in Plan Years beginning after December 31, 1988 and prior to January 1, 2000.

i. If current compensation is greater than $100,000 2.10%

ii. If current compensation is greater than $40,000, but less than or equal to $100,000:

If service at Normal Retirement Age would be:

a.	greater than 35 years	1.65%
b.	31 to 35 years	1.25%
c.	21 to 30 years	1.00%
d.	16 to 20 years	0.75%
e.	11 to 15 years	0.50%
f.	10 or less years	0.25%

iii. If current compensation is $15,000 or greater, but less than or equal to $40,000:

If service at Normal Retirement Age would be:

a.	greater than year	1.25%
b.	21 to 30 years	1.00%
c.	16 to 20 years	0.75%
d.	11 to 15 years	0.50%
e.	10 or less years	0.25%

iv. If current compensation is less than $15,000:

If service at Normal Retirement Age would be:

a.	greater than 35 years	2.10%
b.	31 to 35 years	1.25%
c.	21 to 30 years	1.00%
d.	16 to 20 years	0.75%
e.	11 to 15 years	0.50%
f.	10 or less years	0.25%

c. Effective April 15, 2000, if a participant meets the "Rule of 70", for each year of credited service after December 31, 1999, 1% times Career Average Compensation. *Rule of 70:* If a participant's years of service credited under the Plan for benefit accrual plus age as of the participant's birthday in 2000 equal or exceed 70, the participant has met the Rule of 70. *Career Average Compensation* is the average of the participant's compensation beginning in 2000 and after.

d. Effective 2002, a Participant that is determined to be a Highly Compensated Employee will not receive future benefit accruals under the Plan.

Compensation refers to W-2 compensation, plus any other amount contributed by the Employer pursuant to a salary reduction agreement and which is not included in the gross income of the Participant under Code Section 125, 401(k)(2), 402(a)(8), 402(h) or 403(b).

ii. *Early Retirement Benefit.* Accrued normal retirement benefit, actuarially reduced for earlier commencement. The current early retirement factors are as follows:

Age	Factor	Age	Factor
64	.9080	59	.5757
63	.8261	58	.5280
62	.7530	57	.4848
61	.6875	56	.4457
60	.6287	55	.4102

iii. *Late Retirement Benefit.* The greater of the benefit determined in the same manner as the Normal Retirement Benefit including years of service and compensation after Normal Retirement, or the actuarial equivalent of the Normal Retirement Benefit.

iv. *Disability Retirement Benefit.* A benefit commencing on the Participant's Normal Retirement Date based on average compensation as of the date of disability and credited service that the Participant would have earned at Normal Retirement Age if service had continued.

v. *Maximum Benefits.* The maximum retirement benefit is determined in accordance with Section 415 of the Internal Revenue Code and Regulations.

NORMAL AND OPTIONAL FORMS OF BENEFIT

A monthly income payable for life is the normal form of benefit. A joint and survivor annuity with 50% continued to the Participant's Spouse would be automatically payable to each Participant who is married at retirement, unless the Participant and spouse elect otherwise.

The Qualified Joint and Survivor Annuity (QJS) and other available optional forms are "actuarially equivalent" to the normal form, meaning that the amount of benefit is determined so as to have the same value when computed using the following actuarial assumptions:

Interest – 7.00% per annum

Mortality – The Commissioner's Standard Mortality Table for 2013

In the event a lump sum payment is made to a terminated or retired participant in lieu of the accrued benefits, the amount shall be calculated on the basis of interest rates pursuant to Internal Revenue Code Section 417(e). If the determined value of the Participant's accrued benefit is not more than $1,000, the Employer can authorize the Trustee to pay a lump sum in lieu of a monthly benefit.

If the value of the participant's accrued benefit is more than $1,000, a lump sum may be paid at the Participant's election (up to $50,000), or and when eligible for retirement, the Participant may elect any form of annuity that the Plan provides.

VESTING

Years of service are all years of service with the Employer in which the employee was given credit for 1,000 or more hours of service. A participant shall become 100% vested upon attainment of Normal Retirement Age. A participant hired prior to 1996 shall become 100% vested upon attainment of age 65. Participants hired prior to 1994 shall become 100% vested upon attainment of age 60.

Years of Service	Vested Percentage
Less than 5	0%
5 years or more	100%

DEATH BENEFITS

The only Death Benefit under the Plan is a Qualified Pre-Retirement Survivor Annuity (QPSA) to an eligible spouse. The amount of monthly benefit shall be 50% of the benefit payable to the participant had the participant retired on the day before his death, with the QJS option in effect.

PLAN HISTORY

The effective date of the Plan was January 1, 1981, and it has been amended from time to time. The Plan was amended and restated for the Tax Reform Act of 1986 and Technical Corrections, effective January 1, 1989, and amended effective January 1, 1995, to adopt the GATT provisions for minimum lump sum payments. The Plan has been amended effective April 15, 2000 for changes in the benefit and eligibility provisions. The Plan has been amended effective January 1, 2001 to incorporate the many law changes since the last restatement. The Plan has also been amended to freeze future benefit accruals for Highly Compensated Employees. The Plan was most recently restated as of January 1, 2010. The Plan was amended effective January 1, 2011 to update the mortality table used for actuarial equivalence calculations from the 1971 Group Annuity Table to the Commissioner's Standard Mortality Table for 2013. The Plan was amended effective April 1, 2014 to change the plan name from Kinney Drugs, Inc. Pension Plan to KPH Healthcare Services, Inc. Pension Plan. The Plan was most recently amended effective January 1, 2018 to increase the lump sum threshold from $30,000 to $50,000. A resolution was adopted to terminate the Plan as of July 1, 2025.

Schedule I

KPH Healthcare Services, Inc. Pension Plan

EIN #15-0358720

Plan #001

Schedule of Assets (Held at End of Year)
(Required Disclosure of Schedule H, Line 4i on Form 5500)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Community Bank NA Acct #40004952305				
*	Money Market Obligations Trust	101,555.000 Shares Money Market Funds	$ 101,555	$ 101,555
RBC 302-62574				
	Federated Hermes Treasury OBL CL AS	13,514,470.880 Shares Money Market Funds	13,514,471	13,514,471
	FEDL Home Loan MTG Corp	49,000.000 Bond 7.000% 3/1/2031	27	28
	FEDL Home Loan MTG Corp	15,000.000 Bond 7.000% 8/1/2031	6	6
	FEDL Home Loan MTG Corp	35,000.000 Bond 7.000% 9/1/2031	17	17
	FEDL Home Loan MTG Corp	5,000.000 Bond 7.000% 9/1/2031	2	3
	FEDL Home Loan MTG Corp	11,000.000 Bond 7.000% 1/1/2032	13	13
	FEDL Home Loan MTG Corp	7,000.000 Bond 7.000% 5/1/2032	39	40
	FNMA GTD Pass Thru Pool	7,000.000 Bond 6.500% 5/1/2032	6	6
	FNMA GTD Pass Thru Pool	18,000.000 Bond 6.500% 6/1/2032	18	18
	Government NATL MTG ASSN	150,000.000 Bond 6.500% 6/1/2032	11,141	10,019
			$ 13,627,295	$ 13,626,176

Schedule II

KPH Healthcare Services, Inc. Pension Plan

EIN #15-0358720

Plan #001

Schedule of Assets (Acquired and Disposed of Within the Plan Year)
(Required Disclosure of Schedule H, Line 4i on Form 5500)

Year Ended December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost of acquisition**	**Proceeds of disposition**

- NONE -